MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 387003

FILING DATE 7-28-89

APPLICANT(S) Gelfand, D

CLAIMS

CLAIM	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		0				
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CLAIM	* IND.	DEP.	* IND.	DEP.	* IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	0					
TOTAL CLAIMS	7					

100						
TOTAL IND.	1					
TOTAL DEP.	11					
TOTAL CLAIMS	18					

1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS   U.S. DEPARTMENT of COMMERCE
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